

MASTER LICENSE SERVICE PO BOX 9034 OLYMPIA WA 98507-9034

PHONE: (360) 664-1572 FAX; (360) 570-7875

# **MASTER LICENSE SERVICE GET ON BOARD GRANT APPLICATION**

#### **INSTRUCTIONS**

We encourage you to meet with Master License Service (MLS) staff to discuss the application process. To schedule a meeting, please contact the Grants Program Coordinator at (360) 664-1572.

Please answer all questions in detail on a separate sheet of paper. Each section is assigned a maximum amount of points, and we will review your application using this point system. It is important that all your answers are complete to ensure an accurate point value. For your convenience, we have provided a "checklist" below to guide you when submitting your application. It is not necessary to submit this page with the application.

#### Checklist:

| _ | All appropriate city staff have reviewed the application.                                                 |
|---|-----------------------------------------------------------------------------------------------------------|
| _ | All questions are answered.                                                                               |
| _ | The application is signed.                                                                                |
| _ | A copy of the city ordinance (regulations) relating to business licensing is attached to the application. |
| _ | The city retained a copy of all documentation for their records.                                          |

You may mail or fax your completed application to:

Steve Boruchowitz Master License Service/Grants program **Business and Professions Division** Washington State Department of Licensing PO Box 9034 Olympia WA 98507-9034

Fax: (360) 570-7875 Phone: (360) 664-1572





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# **MASTER LICENSE SERVICE GET ON BOARD GRANT APPLICATION APPLICANT INFORMATION**

| Applying for (choose one):  Phased grant: 80% initially, 20% upon completion | Grant Amount Asked for: \$ | _ |
|------------------------------------------------------------------------------|----------------------------|---|
| Reimbursement grant: 20% initially, 80% as expen Unsure at this time         | ses are incurred           |   |
| Your City's Name:                                                            | County:                    |   |
| City's Federal Tax ID number:                                                | Total Number of Licensees: | _ |
| GRANT MANAGER (Responsible for reporting to Master                           | License Service.)          |   |
| Name:                                                                        | Title:                     |   |
| Mailing Address:                                                             |                            | _ |
| Phone Number:                                                                | Fax Number:                |   |
| Email Address:                                                               | <u> </u>                   |   |
| Best Day/Time to reach you:                                                  |                            |   |
| Signature:                                                                   |                            |   |
| FINANCIAL MANAGER (Responsible for handling financi                          | al aspects of the grant.)  |   |
| Name:                                                                        | Title:                     |   |
| Mailing Address:                                                             |                            | _ |
| Phone Number:                                                                | Fax Number:                |   |
| Email Address:                                                               | _                          |   |
| Best Day/Time to reach you:                                                  |                            |   |
| Signature:                                                                   |                            |   |



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#### **GRANT COMPONENTS**

Answer each question in as much detail as possible on a separate sheet of paper. Your application will be reviewed using a point system. Each section has a maximum of 20 points.

### Section 1: Grant Proposal

What will the grant money will be used for? Include any of the following areas affected by the grant.

- Computer Hardware
- Computer Software
- Staff (temporary, contractors, consultants, etc.)
- Supplies and Non-Computer Equipment

#### Section 2: Project Management Plan

Describe your proposed project management plan, schedule (including milestones), and budget. Include any tools you will be using to determine the grants success.

#### Section 3: Project Management Experience

Provide an example of your experience in managing projects. Summarize how these projects compare to your grant proposal in size and complexity.

#### Section 4: Anticipated Benefits for Business

If you receive this grant, what is the anticipated benefit to your licensees?

## Section 5: Anticipated Benefits for the City

How do you see each of these areas improving after this grant is completed?

- Information Technology
- Internal Work Processes
- Personnel/Staffing Needs
- Communications

